

COMBINED DECLARATION AND POWER OF ATTORNEY
Division, Continuation, or CIP Application
Joint Inventors

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: continuation

INVENTOR IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SYNTHETIC PEPTIDE FOR NEUROLOGICAL DISORDERS

SPECIFICATION IDENTIFICATION

the specification of which is attached hereto.

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER
35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

US Application No.: 09/613,355 filed: July 11, 2000 status: pending

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

John R. Casperson, Reg. No. 28,198.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor: BINIE V. LIPPS
Given Name Middle Initial or Name Last Name

Inventor's signature Bennie U. Lipps

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Full name of second inventor: FREDERICK W. LIPPS
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